

USERRA ELECTION OPTIONS

Please indicate your election and acknowledgment by placing your ***INITIALS*** in the spaces provided below. Attach this election form to your Standard Form 52 (Request for Personnel Action) for resignation or leave without pay (LWOP). Also, attach a copy of your active duty orders and forward, through channels, to the Human Resources Office (HRO).

NAME: _____ ORGANIZATION: _____

POSITION TITLE/GRADE: _____

1. **USERRA Technician Information/Notification and Election Rights.**

[] I have read the information concerning my election rights and benefits under USERRA.

2. **Position Status.**

[] I elect to resign my technician position and have attached a completed SF 52 requesting Separation-US (USERRA).

[] I elect to be placed on LWOP from my technician position and have attached a completed SF 52 requesting LWOP-US (USERRA).

3. **Leave Status.** I wish to use the following accrued leave **prior** to being separated or placed on a nonpay status. I have also indicated when I wish to begin nonpay status (if applicable).

	<u>Hours</u>	<u>From</u>	<u>To</u>
[] Military Leave	_____	_____	_____
[] Annual Leave	_____	_____	_____
[] Comp Time	_____	_____	_____
[] Time-Off Award	_____	_____	_____
[] Admin Leave	_____	_____	_____
[] 22 days LEL	_____	_____	_____
LWOP		_____	_____

4. **Annual Leave.** Instead of using my accrued annual leave towards my active duty period, I request:

[] A lump-sum payment of all my accrued annual leave.

[] That you retain my annual leave in my leave account until I return to civilian service.

5. **Health Benefits (FEHB).**

[] I elect to continue my FEHB, up to 18 months, while on military duty. I understand that I will pay only my share of the premium cost for the first 12 months. ***[If you elect this option, you must also complete one of the two payment options below].*** If I continue my FEHB after the first 12 months, I understand that I will pay 102% of the premium cost and it must be paid currently. I also understand that to be entitled to this additional six-month coverage, I must continue to be eligible for reemployment rights.

- ☐ I want to pay for my FEHB on a continuing basis during my absence. Please provide me with the address of where to send my premium payments.
- ☐ I want to incur a debt to be paid upon my return to duty.
- ☐ I am being called to active duty in support of a contingency operation. My agency will pay my share of the premium up to 18 months from the effective date of my orders.
- ☐ I want to terminate my FEHB while on military duty. I understand that my FEHB coverage will continue at no cost for 31 days and that I am NOT eligible for temporary continuation of coverage (TCC). I understand that I may also be eligible for Transitional Tricare in which I will be responsible for notifying HRO in writing when Transitional Tricare begins and when HRO is to reinstate my FEHB. I understand that the Termination is **not** considered a break in service for continuing FEHB into retirement.

6. **Federal Employees Group Life Insurance (FEGLI).**

- ☐ I understand that if I am placed on LWOP-US, my FEGLI coverage will continue for up to 12 months at no cost to me. If I separate my technician position, my FEGLI will continue at no cost to me for up to 12 months or until 90 days after my military service ends, whichever date comes first. Upon termination of coverage, I will be provided a 31-day temporary extension for conversion to a nongroup policy.

7. **National Guard Association of the United States (NGAUS).** I have the following NGAUS coverage, which I wish to continue or terminate as indicated below. I understand that if I elect to continue the coverage, I will be responsible for the premium cost after the waiver period (depending on type coverage) and/or direct-bill payments.

		<u>Continue (√)</u>	<u>Terminate (√)</u>
<input type="checkbox"/>	Basic and Supplemental Disability	_____	_____
<input type="checkbox"/>	TechLife	_____	_____
<input type="checkbox"/>	GuardLife (Tech/Spouse)	_____	_____
<input type="checkbox"/>	ValuLife (Tech/Spouse)	_____	_____
<input type="checkbox"/>	Universal Life (Tech/Spouse)	_____	_____

8. **Thrift Savings Plan (TSP).**

- ☐ I understand that if I exercise restoration rights, I may make retroactive contributions and elections to my TSP account. To do this, I must send a written request to the HRO Services Section within 60 days of my return to civilian service.
- ☐ I have a TSP Loan(s). Attached is my form TSP-41.
- ☐ I am enrolled in TSP Catch-Up (50 years old or older)

9. **Retirement:**

- [] I understand that if I am placed on LWOP, death and disability benefits continue under my retirement system.
- [] I understand that if I exercise restoration rights, the military service is creditable for retirement purposes only if I make the required military deposit. (CSRS technicians hired prior to 1 Oct 1982 must make the required deposit to avoid Catch-62.)

10. **Previous absences from technician position for active duty:**

- [] I have never requested an absence from my technician position in the Arizona National Guard to perform Title 10 or Title 32 active duty.

- [] I have been absent from my technician position to perform active duty as stated below:

From: _____ To: _____

Type of Service: _____

Allotments/Garnishments:

_____ I understand that during my non-pay status I will be responsible for Keeping current any allotments/garnishments that were deducted from my pay. It is also my responsibility to notify payees of my status.

Employee's Responsibility:

_____ I understand I am responsible for making sure the HRO has all paperwork necessary to process my Military and USERRA rights in a timely manner.

11. **Statement of Understanding.** I understand the elections I have made above, and acknowledge that I have read and understand the rights and benefits explained in the "Technician Information/Notification and Benefit Election Rights" by signing, dating, and returning a copy to the HRO, 5636 E. McDowell Road, Phoenix, AZ 85008-3495.

(Signature) (Date)

HOME ADDRESS: _____

PHONE NUMBER: (Residence) _____ (Work) _____

If you have any questions, please contact the HRO at (602) 267-2475 or (602) 267-2787

